Ţ.

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR			LEOP LITH ITY OR	Attorney Docket Numb	er				
				First Named Inventor	Gerald J	. REINHARD			
				COMPLETE IF KNOWN					
(37 CFR 1.63)			FR 1.63)	Application Number	n Number				
150	Declaration	OR	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date					
	Submitted with Initial			Group Art Unit					
	Filing			Examiner Name					

				•							
As a below named inventor, I hereby declare that:											
My residence, post office	My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
DEVICES FOR CHECKING THE QUALITY OF SHEETS											
the specification of which (Title of the Invention) is attached hereto OR											
was filed on (MM/DD/YYYY) 07/15/2004 as United States Application Number or PCT International											
Application Number PCT/CH 2004/000453 and was amended on (MM/DD/YYYY) (if applicable).											
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a fiting date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country	Foreign Fillng Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO							
103 32 212.4	DE	07/16/2003	0000	8000							
Additional foreign applica	ation numbers are listed on a	supplemental priority data	sheel PTO/S8/0)28 attached hereto:							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
Application Number(s) Filing Date (MM/DD/YYYY)											
			Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
والمراجع والمستون											

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Additional inventors are being named on the

-,5

PTO/SB/01 (12-97)
us sign (+) inside this box → + Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DE	CLA	RATION -	— Utility	y or	Desig	ın Pate	ent <i>i</i>	App	olicati	on	
United States	or PCT In	fit under 35 U.S.C. 120 c ca, listed below and, instending in ternational application in terial to patentability as international filing date of	the manner prodefined in 37.0	vided by the	r or each or	the claims of the	nis applic	cation is	not disclose	d in the pric	
U.	S. Pare	ent Application or Number	PCT Parent			Filing Date			nt Patent (if applica		
PCT/CH 2004/000453						07/15/2004					
Additional	U.S. or F	CT international applicat	lion numbers are	e listed on	a supplemen	ntal priority data	sheet P	TO/SB/C	028 attached	hereto	
As a named inv	entor, I h	ereby appoint the following nnected therewith:	ng registered pr Customer Numi OR	actilioner(s	s) to prosecu	te this applicati	on and to	transac	d all business Place Cust Number Bai	in the Pater comer Code	
		ىما	Registered prac	zitioner(s)	name/registr	ation number li	sted belo	w <u> </u>	label he		
	Name	9 .	Num			Nan	ne			stration mber	
Cliffor	d W.	Browning	32,2	201							
Additional	registered	practitioner(s) named or	n sundemental	Pagistama	Dragtition of	tofo-metics sh	DTO				
Direct all com		ence to: Custom	er Number Code Label	registered	7 TOCHRONE				ndence add		
Name	Cli	fford W, Bro	wning								
Address		Monument Ci	rcle, Ba	ank Or	ie Cent	er/Towe	r				
Address	Sui	te 3700									
City	Ind	ianapolis		State IN ZIP 46204-5				04-5137	137		
Country	Uni	ted States	Telephon	e (317	7)634-3	456	Fax	(31	7)637-7	561	
punishable by	fine or in	statements made herei further that these state prisonment, or both, un issued thereon.					ents ma				
Name of So	ole or F	irst Inventor:	·		A petit	ion has been	filed for	this ur	nsigned inve	entor	
Gi	ven Nan	ne (first and middle (if	any])			Family	y Name	or Sun	name		
	Gera	ld Josef	1			RE	INHA	RD			
Inventor's Signature		Joseph	Josef	Ko	Men	/			Date	20.8,200	
Residence: (City	// Sulzfeld	State		Country	, DE			Citizenship	DE	
Post Office A	ddress	Alte Schulg	jasse 1								
Post Office A	ddress		•								
City		Sulzfeld State		ZIP	9732	20	Cou	ntov	DE		

1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box ->

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a

DECLARATION

valid OMB control number.

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Nar	me (first and middle [if any]	Family Name or Surname								
Vo	-		SCHW	ITZKY	<u> </u>					
Inventor's Signature	Vollmor Roff	Date					79.08.2004			
Residence: City	Würzburg	State	0	DE			-	DE Citizenship		
Post Office Address	Flürleinstrasse 28									
Post Office Address										
Crty .	Würzburg	State		ZIP		97076	Countr	y	DE	
Name of Addition	al Joint Inventor, if an	y:		□ А ре	litio	n has been file	ed for th	is unsign	ed inv	rentor
Given Nan	ne (first and middle (if any)	Family Name or Surname								
Ma	anfred Georg			STÖHR						
Inventor's Signature	Marked Georg	E/k		Date 11.8					11.8.7004	
Residence: City	Güntersleben	State		Country		Citizer	ishlp	DE		
Post Office Address	Frülingsstra	sse 2	6		,-	•	-	· · · · · · · · · · · · · · · · · · ·	 -	
Post Office Address										
City	Güntersleben	State		Z	ZIP 97261 Country DI		DE	E		
Name of Addition	nal Joint Inventor, if an	y:		☐ A pe	titio	n has been file	ed for th	is unsign	ed inv	rentor .
Given Name (first and middle [if any]) Family Name or Surname										
Jo	SCHAEDE									
Inventor's Signature	l a	1/1	Date 2. Aug 20					2. Ang 2004		
Residence: City	Würzburg	State		DE		Citizer	DE lizenship			
Post Office Address	Max-Heim-Stra	s s e 8								
Post Office Address						,	-			
City	Würzburg	State			up	97074		DE		E

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.